PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE . __E Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

FULWIDER PATTON LEE & UTECHT, LLP

FILING DATE

09/11/2003

SMALL ENTITY

NO

Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

TITLE OF INVENTION: GUIDEWIRE HAVING LINEAR CHANGE IN STIFFNESS

ISSUE FEE DUE

\$1510

ART UNIT 3736

10/04/2010

7590

Howard Hughes Center Tenth Floor 6060 Center Drive Los Angeles, CA 90045

APPLICATION NO.

10/659,930

APPLN, TYPE

nonprovisional

EXAMINER

FOREMAN, JONATHAN M

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

FIRST NAMED INVENTOR

Wayne E. Cornish

PUBLICATION FEE DUE

\$300

CLASS-SUBCLASS

600,585000

2. For printing on the patent front page, list

| ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/1/22) attached. ☐ 'Fee Address' indication (or 'Fee Address' Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Castomer Number is required. | (f) the name of the pregenter parameters are unoneyed or spents OR, alternatively, (2) the name of a single firm (having as a member a gregistered attent) of the present of the name of up to 2 requirered parameters of sec |
|---|--|
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON | |
| PLEASE NOTE: Unless an assignce is identified below, no assignee recordation as set forth in 37 CFR 3.11. Completion of this form is NO | data will appear on the patent. If an assignee is identified below, the document has been filed for T a substitute for filing an assignment. |
| (A) NAME OF ASSIGNEE | (B) RESIDENCE: (CITY and STATE OR COUNTRY) |
| ADVANCED CARDIOVASCULAR SYSTEMS, INC. | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🗓 Corporation or other private group entity | |
| 4a. The following fee(s) are submitted: | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) |
| XXI Issue Fee | A check is enclosed. |
| XX Publication Fee (No small entity discount permitted) | Payment by credit card. Form PTO-2038 is attached. |
| Advance Order - # of Copies | The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-2425 (enclose an extra copy of this form). |
| 5. Change in Entity Status (from status indicated above) | _ |
| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. | □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). |
| NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. | |
| Authorized Signature / THOMAS H. MAJCHER/ THOMAS H. MAJCHER | Uhy Date_DECEMBER 17, 2010 |
| THOMAS H. MAJCHER | Registration No31,119 |
| Typed or printed name | Registration No. |
| Alexandria, Virginia 22313-1450. | on in equinced to obtain or retain a benefit by the public which is to file (and by the UST70 to process). 1.14. This collection is estimated to sel 12 minutes to complete, including glatering, propraing any depending upon the individual case. Any comments on the amount of time you require to complete occling floremants on Officer, U.S. Pepartner of Commercy Complete occling floremants on Officer, U.S. Pepartner of Commercy COMPLETED FORMS TO 'THIS ADDRESS' SEND TO: Commissioner for Patents, P.O. Box 1450, |
| Under the Paperwork Reduction Act of 1995, no persons are required to re | spond to a collection of information unless it displays a valid OMB control number. |
| | |

Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

ATTORNEY DOCKET NO.

ACS 65357 (1512XCC)

TOTAL FEE(S) DUE

\$1810

PREV. PAID ISSUE FEE

\$0

(Signature) (Dat

CONFIRMATION NO.

5064

DATE DUE

01/04/2011

FULWIDER PATTON LLP